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Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L26839** **(5)**

1. Corporation Name
ITEX, INC.

Principal Place of Business	Mailing Address
1428 BRICKELL AVENUE SUITE 208 MIAMI FL 33131 US	1428 BRICKELL AVENUE SUITE 208 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1989

4. FEI Number: 65-0157270 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 110 HERRICK WAY	26 110 HERRICK WAY
22 Suite, Apt. #, etc. Suite 2B	27 Suite, Apt. #, etc. #2B
23 City & State Coral Gables	28 City & State Coral Gables
24 Zip 33134 / 25 Country	29 Zip 33134 / 30 Country

9. Name and Address of Current Registered Agent

TRELLES, ALBERTO N.
815 PONCE DE LEON
SUITE 200
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MALAVE, ADOLFO		1.2 NAME	
STREET ADDRESS	1428 BRICKELL AVENUE, S-208		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MALAVE, ADOLFO		2.2 NAME	
STREET ADDRESS	1428 BRICKELL AVENUE, S-208		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	
TITLE	TS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MALAVE, ADOLFO		3.2 NAME	
STREET ADDRESS	1428 BRICKELL AVENUE, S-208		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Adolfo J. Malave 01.12.98 305-446 1011